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THE HEALTH LIFT—IS IT RATIONAL, SCIENTIFIC, OR SAFE?

Read before the Philadelphia County Medical Society, December 26th, 1877,

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Of Philadelphia.

The live Yankee is never satisfied to do things as others have done them. He has succeeded in inventing new and improved methods of accomplishing so many results by mechanical means, which the peoples of the Old World have been accustomed to obtain by tedious manual labor, that it is not strange that he should imagine that the same fertile genius would develop extraordinary and before unheard-of combinations and methods in the, to him, new field of Physical Culture. He has patented everything else. Why should he not patent *exercise*? Why not? The idea is possible; in certain of its devices useful. But every such device needs to be closely scrutinized, that we may assure ourselves that it will accomplish good unmixed with evil, and that it does not foster the very vice which it should aim to suppress. It may prove to be as irrational in conception, and as injurious in execution, as the astonishing tests and exemplifications of "physical culture" (?) which have of late years been so fashionable for individuals of both sexes, and which set at defiance every law of natural exertion, of healthy nutrition, and of normal repose.

Two literary productions lie before me as I write, which aptly typify the old, scientific and rational mode of treating this subject, and the new, pert, self-sufficient method of the inventive American brain. The first I take up reverently. The dust of ages has gathered upon its time-discolored leaves. More than a century before this goodly city of ours was so much as conceived of in the sagacious brain of William Penn, this very volume was already taking the initiative in a movement similar to that which characterizes our own time, for reintroducing that system of physical education and training which produced such admirable specimens of manhood among the Greeks and the Romans, but which the fanatical contempt for the body, engendered by a superstitious and ignorant monasticism, had completely banished. It is dedicated to the "Most Invincible Emperor Maximilian II," and it is within the limits of probability that the imperial hands of that wise and beneficent monarch may have turned these very leaves. Neither its age nor its possible associations, however, constitute its highest claim to respect, but the earnest, conscientious, laborious, and at the same time scientific, spirit in which it treats its subject. It is in the Latin tongue, and is entitled, "The Six Books of Hieronymus Mercurialis on the Gymnastic Art; in which are carefully and fully explained the modes of exercise of all the ancients, the appropriate places, methods and means for, and, in fine, all that pertains to, the exercise of the human body. Second edition, enlarged, and adorned with numerous illustrations. A work useful, not to physicians alone, but also to all who a e desirous of becoming acquainted with the customs of the ancients, and of preserving their health. To Maximilian II, Emperor, Venice. Press of Juntas. MDLXXIII."

That its author was a man of no mean attainments is evident from the long list of writers

with which he prefixes his work, and on whom he acknowledges having drawn for his materials. They are both Greek and Latin, and comprise nearly a hundred names, among them all the well-known medical authors of antiquity, and most of the historians. The arrangement of the work is eminently methodical, and its treatment thorough and comprehensive.

Hieronymus defines exercise, following to a considerable extent Galen and Avicenna, to be "voluntary movement, vigorous in degree, and accompanied by increased frequency of breathing, undertaken for the purpose of preserving the health, or of improving the figure and carriage." Medical Gymnastics, or "Gymnastic Medicine," as he terms it, he divides into active and passive movements. All movements which tend to a general and systematic development of the body in all its parts and organs meet with his approval. Those, however, which have for their object and result simply the development of muscular strength, and, above all, those which aim to develop only a certain set or system of muscles, he condemns, under the title of *vicious or athletic*. Variety, and pleasurable mental excitement or occupation, are considered to be of the greatest importance. No one mode is to be followed, to the exclusion of all others. Individual idiosyncracies are to be considered in the choice of exercises, and in determining their mode, degree and duration; and, as was the habit in those days, now perhaps too much neglected, the study of temperament is held to be of great importance in this connection.

The other work to which I have made allusion is entitled "Cumulative Exercise; Popularly known as the Health-lift, or Lifting Cure." The name of the author does not appear, and he has no need to be proud of his bantling. It is composed of brief essays on the subject of exercise in general, principally second-hand; bald assertions as to the superiority of lifting over all other modes of exercise, and of one particular machine over all other machines, for the purpose of lifting; of testimonials, typical cures, and illustrative cases; remarks on the physiological effects of cumulative exercise, smart editorials, possibly written by ministers who have "been the recipients of" free tickets, and finally, a brief chapter, probably one of the most important, on "The Health-lift as a Business."

The first point of disagreement between our two treatises is in regard to the length of time which should be devoted to exercise. Hieronymus refuses to assign a limit of time, justly observing that this must be decided by the effects produced in each individual. But it is evident, from the examples of eminent men of antiquity who have left us a transcript of their daily life, such as Pliny the younger, Horace and Martial, which he mentions with approval, that at least one hour daily should, in his opinion, be devoted in this way, and that a longer period would not be wasted.

To come down, now, to more modern days, and to cite a single author of acknowledged reputation on this question of the appropriate time or duration of exercise, Cameron, in his Manual of Hygiene, says: "Those whose occupations confine them to the house should walk at least three miles daily. . . . Those whose occupations require a large expenditure of brain power should not take excessive exercise; they should not walk more than five or six miles a day." The time allotted in this way is evidently from one to two hours. Dr. Chapman, of this city, used to say that every young lady in good health who wished to preserve the same should walk six miles a day.

It is evident, then, that, in the opinion of those who have taken the trouble to make this subject a careful and conscientious study, exercise, in order to produce its beneficial effects as a derivative, a stimulant, a promoter of absorption and depuration, of assimilation and nutrition, must be extended over a considerable length of time each day, and must be so moderate in its character that such continuance shall not render it exhausting. In direct contravention of this first fundamental law of scientific exercise, the claim especially put forth by the advocate of this exclusive form of exercise (the Health-lift) is, that it accomplishes a *maximum* of exercise in a *minimum* of time. Over and over again is it reiterated that ten minutes a day is absolutely all that is required, and that the man who accomplishes this can dispense with all other forms and modes of exercise. Supposing that this absurd and impudent claim were true, would the discovery of such a method of concentrating exercise be a boon to the overworked, over-stimulated American brain? Is it wise to say to the jaded man of business, "Continue your present suicidal mode of life; jump into a crowded street car the moment you have bolted your breakfast; study the stocks all the way down town, breathing at the same time the expired air of twenty or thirty dyspeptic

wretches like yourself; give yourself up all day long to the intensest absorption in business cares, with the briefest possible interim for dinner; work early and late; pay no attention to your old-fogy doctor — who says that you are working too hard, that you need relaxation, and exercise in the open air, that it would be better to take a little more time in the morning, and walk to your office or store instead of riding, that a drive in the park or an hour in the gymnasium may save you a break-down—but just take ten minutes at the Health-lift, and you may feel yourself absolved from all these tedious interruptions of work and business?" Is not this rather to foster and encourage the very feature in American life which is most antagonistic to a full, generous, normal physical development? "Ten minutes a day" to fill up the lungs to their utmost capacity with pure, fresh, oxygenated air (but no, not even this, for the Health-lift is used in luxuriously furnished, super-heated apartments), so that every cell may do its duty in aerating the vital fluid. "Ten minutes a day," to start all the thousand ducts of the sudoriparous glands into activity, and thus carry off the noxious matters which are hourly accumulating in the blood to oppress the vital organs. "Ten minutes a day," to carry on the wonderful work of capillary tissue metamorphosis in the bodies of the stimulated muscles. "Ten minutes a day," to recreate the weary brain-cells, and to send them a supply of purer blood for their nutrition. "Ten minutes a day," to provoke absorption of the effete materials lying outside of the vessels, throughout all the tissues of the body. Ten minutes a day. Gentlemen; is this rational?

Secondly: Is the Health-lift scientific? The first requirement of scientifically devised exercise is, that it should call into play, as far as possible, all the muscles of the body. The second, that it should be so varied as to afford at the same time pleasurable mental excitement or occupation; in other words, that it should avoid monotony, which reduces it from the higher plane of exercise to the lower level of mere labor. How does the Health-lift meet these requirements?

First, as to general and complete development of the muscular system.

I am indebted to the consideration of Dr. Wm. S. Stewart for having brought to my notice an extraordinary illustration of the effects of appropriate and scientific exercise in the symmetrical development of the muscular system, which, in this case, is due particularly to the form of systematic training styled the Swedish Movements. Mr. Jeremiah Davis, who has kindly volunteered to be present this evening and display, for your study, his remarkable muscular condition, is a native of England, rather more than thirty years of age. Though rather short in stature, his physical development, as you observe, is herculean; each individual superficial muscle stands out prominently, affording an excellent opportunity for studying surface or artistic anatomy. The muscles, both of the trunk and the extremities, appear to be symmetrically developed, and there is no superfluous adipose tissue to obscure our investigations. Even the platysma myoides can be thrown into action, displaying its origin and wide insertion. The muscles of the thorax and abdomen are especially noteworthy. The most remarkable point in this case remains to be told. He informs us that, seven years ago, he was discharged from the British navy, being pronounced unfit for the service and suffering from pulmonary consumption. He was then in wretched condition, suffering from hemorrhages, greatly emaciated, and apparently doomed to early death. In this condition he tried the Swedish Movements and rapidly improved. Finally regaining his health, he became a teacher of the system himself, and has opened rooms for the purpose in this city, under the patronage of a number of our well-known physicians. He also gives lessons in sparring and other physical exercises.

The muscles which are called into play in the act of lifting, as you will notice, if Mr. Davis will kindly lift these buckets of water, are almost exclusively the extensors of the lower extremities and the erectors of the spine, with the associate dorsal groups. The flexors play only a passive and subordinate part. The development of the limbs will, therefore, under this system exclusively, be unequal. We shall have an enormous gastrocnemius, with a small anterior tibial; an immense rectus and biceps extensor, but a dwindled biceps flexor. This unsymmetrical enlargement of the front of the thigh and back of the leg will produce an effect the reverse of statuesque. The individual thus developed will be a good skater, perhaps, but a poor walker. As far as the upper extremities are concerned, the only muscles called into

activity are the flexors of the fingers. Those of the arm and shoulder are simply put on the stretch, an operation which, without correspondent contraction, is well known to weaken rather than strengthen muscular fibre. At the same time the ligaments of all the joints of the upper extremity are violently stretched, which must have a tendency to diminish the completeness of the apposition of the joint surfaces, and thus diminish precision and rapidity of motion. The person who has exercised only in this way may have a powerful grip, but will also have a weak hug. He will certainly not be able to hit out vigorously from the shoulder.

Secondly, as regards variety, and occupation for the mind, of a light and pleasing character—it is only the extremely short time that is claimed for this exercise that could reconcile any one possessed of an intellect to its practice for ten consecutive days. Its only advantage over the treadmill is that it is accomplishing no good result for another, and therefore cannot be termed labor in the ordinary sense of the term. Compare it, for a moment, with a brisk walk through the scented fields, or by the river side, or an exhilarating gallop, and how utterly tame and unsatisfying does it appear. We must conclude, then, that lifting, *per se*, fails to accomplish the results, or furnish the concomitants which entitle a mode of exercise to be denominated *scientific*.

Finally: Is the lifting of heavy weights, even though the muscles concerned in the act of lifting be gradually and carefully trained, so that it can be performed without conscious strain of those particular muscles, a *safe* mode of exercise?

In 1845, Dr. George B. Windship, of Boston, commenced lifting as a means of muscular development. In 1877 Dr. George B. Windship lies in his grave, dead, of apoplexy, at the early age of forty. This for a text. Dr. Windship adopted as his formula, or motto, for physical education, "STRENGTH is HEALTH." Nothing could be more false. Perfect health is consistent with a very small degree of muscular development. Great muscular strength often coëxists with serious derangement of health, both organic and functional. This was distinctly pointed out by our old friend Hieronymus, when he denominated as vicious the training of the athletes, who, in spite of their enormous strength, were well known to be liable to early and sudden death. The muscular system should never be developed to such an extent that it robs the organic systems of their due proportion of nourishment. When it does so it is not a maintainer of, but a constant menace to, health. But are there any dangers to which this particular form of exercise is liable? In the effort to lift, the first step is the preliminary of contracting the muscles of the chest and abdomen, especially the intercostals, in order to afford a fixed point of support for the muscles of the extremities. The immediate result of this act is a sudden suspension of respiration, what is commonly known as "holding the breath." Now the effect of this is at once to check the blood current which is passing from the heart to the lungs, and throw it back upon the heart. A constant repetition of this act will have a tendency to produce dilatation of the pulmonary artery, and of the right side of the heart, as well as of the vessels of the lung. The rupture of a blood vessel in the lung in the act of ordinary lifting in daily work is too well known to need more than reference. At the same time that this interference with the circulation takes place, the return of the blood from the brain is also interrupted, as indicated by the sudden flushing of the face, which is as certain a sign of increased blood pressure in the cerebral sinuses as the pallor of syncope is an index of a diminished blood pressure in the same organ. Hence a risk of gradual dilatation and weakening of the coats of these vessels, with the ultimate result of apoplexy in some one of its forms.

The danger of the occurrence of such results is heightened by the fact that the machine employed affords opportunities for exhibiting great strength, its capacity being twelve hundred pounds, and that those using it are not only stimulated to a natural rivalry to see who shall lift the most, but at the same time encouraged to believe that each additional pound which they raise is a proof of a proportional improvement in health. Our third inquiry must, therefore, like the others, be answered in the negative. Whatever value the "Reactionary Lifter," or the "Graduated Yoke Lifter," or the "Perfection Health-lift," or any other machine for a similar purpose, may have when in judicious combination with other properly arranged gymnastic apparatus, as one means among many for obtaining the beneficial effects of systematic exercise, its claim as an exclusive and concentrated exercise is impudent and unfounded.

Concentrated exercise is as unsatisfying to the muscle as is concentrated nourishment to the stomach. The latter demands bulk in its contents, the former a certain duration in its period of activity.

1503 *Spruce Street, Dec.* 26, 1877.

A CONTRIBUTION TO THE ETIOLOGY OF PUERPERAL INFECTION.

BY ALFRED LUDLOW CARROLL, M. D. (UNIV. N. Y.).

President Richmond County Medical Society, etc.

The following case seems worthy of record as illustrating the insidious quality of contagium as applied to the puerperal woman.

Mrs. D., aged 23, a lady of fine physique and excellent health, summoned me to her first labor at 11.30 P. M., on the 28th of September, 1877. On my arrival, I found the membranes ruptured (the first stage having been completed with pains of so little severity that the patient was ignorant of their portent); the os well dilated; vertex presenting R. O. A.; genital passages in normal condition. The child (a girl, weighing about six and a half pounds) was born at 4.20 A. M, labor having been easy and satisfactory, save for a trifling laceration of the fourchette; uterus firmly contracted. Pulse 73; patient feeling comfortable; placenta and membranes perfect.

The labor being in advance of the calculated date, the nurse who had been engaged was not at hand, and (fortunately, as we all thought at the time) my patient's husband procured for the occasion the services of an experienced monthly nurse, who had just finished her attendance on a lady in the neighborhood (confined a month previously, and at that time quite well and out of the house), whom she was to leave that morning. She remained with my patient but a few hours after delivery, Mrs. D's own nurse arriving in the afternoon.

To return to my notes of the case; six hours after confinement the uterus was contracted, lochia normal; pulse 72; temperature 98.6°; urine had been passed. At 7 P.M. the patient was somewhat excited, having been imprudently allowed to receive visits from several of her friends. Pulse 76; temperature 100.5°; urine passed freely.

September 30th, 9 A.M., pulse 89; Temperature 98.3°. 8 P.M., pulse 82; temperature 98.9°.

October 1st, 9.30 A.M., pulse 100; temperature 99.8°. No subjective pain, but some tenderness on lateral compression of the uterus. At 8 P.M., pulse 120; temperature 102.5°; tenderness more marked, with dull aching pains, increased for some minutes after gentle pressure on the womb.

October 2d, 9.30 A.M. pulse 100, temperature 101.3°. Tenderness less; lochia somewhat offensive, despite vaginal injections of carbolic acid (1 to 200). 3 P.M., pulse 133, temperature 101.9°. 8 P.M., pulse 116, temperature 104.2°. Has had several slight chills, and passed a few small clots, with a little purulent matter after syringing. Fundus fully six inches above pubes. Bowels moved by means of enema this morning. Abdomen soft and free from tenderness. Secretion of milk established. Anorexia, but no nausea; much thirst.

October 3d, 9.30 A.M., pulse 88, temperature 98,7°. 8 P.M., pulse 96, temperature 102°.

October 4th, 9 A M., pulse 88, temperature 97°. 1 P M., patient had a severe chill; pulse 108, temperature 103.3°; pain and tenderness over uterine tumor, especially in region of left broad ligament; lochia abundant and sanguinolent, with occasional small clots. Milk diminished. Urine passed freely. Renewed turpentine stupe (which had been applied on the first instant) over hypogastrium. 9 P.M., pulse 98, temperature 101.6°.

October 5th, 10.30 A.M. Uterus still large, reaching nearly four inches above pubes, but with scarcely any tenderness; lochia plentiful and red-tinted; pulse 78, temperature 98.5°. 9 P M., pulse 76, temperature 97.8°.

October 6th, 1 P. M. Pulse 76, temperature 96.6°. Lochia less in quantity and lighter in color. No pain nor tenderness. Secretion of milk augmented. Appetite revived. 9 P. M., pulse 76, temperature 97°.

October 8th. Pulse and temperature normal; lochia colorless and much diminished in amount; no tenderness in uterus, which, however, can still be felt about two inches above the pubes. Lacteal secretion superabundant. Appetite and digestion excellent. From this time forward recovery was uninterrupted.

To trace the cause of metritis in this case was a difficult task. The drainage and ventilation of the premises were unexceptionable. I had not for three months past been in attendance on any contagious disease or post-mortem examination, nor was there any zymotic epidemic in the neighborhood. The patient's regular nurse satisfied me that she was blameless in the

matter, all her recent clients having made a good "getting up," and herself having been without an engagement for more than a month previous. At first, therefore, I was forced reluctantly to fall back upon the vague hypothesis of "auto-infection," despite all the precautions of cleanliness and pure air adopted from the outset. Subsequently, however, meeting the first nurse, who had been with us on the morning of the confinement, I learned, on cross-examination, that the lady from whose house she came to Mrs. D. had, at the end of the first week after delivery, an offensive odor of the lochia, a slight chill, and some abdominal tenderness, for which her physician had ordered a poultice. The symptoms, she assured me, lasted but forty-eight hours, and were so slight that neither the medical attendant nor she had attached any importance to them.

Three weeks had here elapsed between the apparent inception of the septic poison in the decomposing lochia in the first case, and its transfer to the second patient. During the interim, it might have been supposed that ventilation and ablutions would destroy its activity; and, indeed, no further puerperal trouble attended the ministrations of the nurse in question after a brief interval of rest at home. But these three weeks had been spent in the room wherein the virus had found lodgment; and notwithstanding the seemingly small amount of such virus (judging from its original effects,) and its presumable dilution with air afterwards to an almost homœopathic attenuation, there can be little doubt that a sufficient quantity had remained latent to act as a ferment when transported to a favorable nidus. I should not omit to state that the nurse's dress on the occasion of Mrs. D's confinement was a cleanly washed calico gown, putting out of the question the common danger of contagium saturation of woolen fabrics.

The episode recalls Professor Tyndall's recent account of his struggle with an infected atmosphere, and I place it on record as exemplifying the obscurity which may involve the source of an infective process in some easily overlooked minor grade of puerperal disorder, and the care which it consequently behooves the obstetrician to exercise in making minute inquiry into the antecedents of the attendants on his lying-in patients. Of the peculiar receptivity of such patients for even infinitesimal doses of a septic ferment, no new warning is needed.

A CASE OF AMNESIC APHASIA.

BY C. HENRI LEONARD, M.D.,
Of Detroit, Mich.

The first of March I was called hastily, to see Mrs. R., a widow lady, aged 38, of French extraction. The messenger stated that she was out of her head. On arriving at the house, I found Mrs. R. to be terribly excited over her condition, fearing immediate death. She was, to all appearances, and from all questionings, a woman of extraordinary health, never having been sick, except at confinement, in her life. She was rather fleshy, and seemed, as she afterwards expressed herself, too full of blood. That morning, when about her household duties, she was suddenly taken with this variety of aphasia, when trying to give orders to her domestic. The girl got frightened, and the messenger who came for me was called, but it was impossible then for him to understand more than half what she would say. She would start off properly enough with a sentence, then would use all manner of words, and sounds, with gesticulations, trying to make her meaning known. The names of the commonest objects she could not give. In questioning her I had great difficulty, oftentimes, in getting a rational answer, and even then I took it *cum grano salis*. She was cognizant of the fact that she was not pronouncing words correctly, and would suddenly place her hand to her head, and say, "O my, what is the matter with me; I can think, but I can't talk!"

On examination I found an accelerated pulse (probably from nervous excitement), a lowering rather than heightening of surface temperature; secretions normal; no pain anywhere; no paralysis; no turning of eyes or tongue; nothing except this aphasic difficulty, with a flushed face and excited nervousness. At first I was fearful of apoplexy; but soon changed my diagnosis to cerebral hyperæmia. On this diagnosis I ordered rest in bed, ten-grain doses of potassic bromide in camphor water, every three hours, and large doses of magnesic sulphate, so as to produce a half-dozen or so copious watery stools.

I learned afterwards the lady had been up for two nights with a sick person, and had been worried a great deal over the case and some business matters.

The next morning I found her a great deal better, though feeling weak, from the effects

of the salts. The "loss of words" was still quite a burden to her, and occasioned her some alarm, though she could speak pretty long sentences without much hesitancy. I continued the same treatment as ordered the day previously. On the next day, when I made my visit, I found all hesitancy in speech had vanished; that she had passed a comfortable night, and was feeling pretty well, save weakness, from the action of the salts. I still continued the potassic bromide, in the same doses as before, but ordered it to be taken much less frequently, and this to be persevered in for several days, fearing lest there might be a return of her trouble. There has been, however, no return of it.

Some may criticise my lack of "faith in the lancet" in this case; but I justified myself that this extreme measure was not needed, from the fact that, had I acquiesced in her demands for its use, I might only increase her fears, leading her to think it was a "critical case." Secondly, I had full faith that the potassic bromide, with the cathartics, was sufficient to control the perverted nervous action, and with more lasting effect than could be gotten from general blood-letting. I am free to say that I am no believer in the use of the lancet except in extreme cases. I do not think the lancet in this case would have been of any use, except to lessen the chances of intercranial hemorrhage, which, on deliberation, I did not think was imminent.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

Necrosis of the Upper End of the Femur.

This man, six years ago, received an injury about the hip joint. It was probably a fracture of the head or neck, in which case it may have been intracapsular or extracapsular. This, since its receipt, has caused a great amount of disease at the seat of the injury and in its vicinity, so that the patient has been suffering from continually recurring suppuration and inflammation of a somewhat violent character. There is probably necrosis in the superior portion of the right thigh bone. He fell thirty feet, striking upon his feet. It was said, at the time of the accident, that the hip had "slipped." You see here a hip with the general expression of coxalgia, or hip-joint disease. A rear view shows distinctly an effacement of the gluteo-femoral crease. You see over the region of the joint a number of openings or sinuses. A sinus leads downward to necrosed bone, either free, or encased in a sheath of callus or new bone. Here we cannot tell whether we are striking, with the probe, the old, or an involucre of new bone. Now you can hear very distinctly the sound peculiar to necrosed bone. Here in front the sound is plainer, and the bone is evidently bare. In the previous instance the bone was, generally speaking, bare, but it was covered with periosteum; here the periosteum has been removed. Here on the side, I should say we had the evidences characteristic of necrosis. He has necrosis probably involving the head or the upper part of the femur. The patient has been a sufferer for so long a time that the general nutrition has been interfered with, and it becomes necessary to allay his pain and check the drain upon his system. The amount of necrosis is, I have no doubt, considerable.

There are some points of interest regarding the structural changes following the injury, which I might discuss at length, but I desire to give you some practical points as to the manner of diagnosing fracture and dislocation about the hip joint. A line, or tape, drawn from the anterior superior spinous process of the ilium, backward to the tuberosity of the ischium, should, in the normal condition of the parts, pass directly over the upper margin of the great trochanter. I show you now what is known as "Nélaton's line," from the distinguished surgeon who called attention to it. Here is a fixed point, the anterior superior spinous process of the ilium; the tuberosity is another fixed point, and, if the head is in the acetabulum, the line will just pass along the top of the great trochanter. You can diagnose a dislocation by means of this line. Now, trying the line on the other side, the one not injured, you see the line between the two fixed points just runs along the upper margin of the trochanter. Now I try the line over the two points on the injured side again. There is evidently a great change of position here; the trochanter is felt beyond the line. We may have here a great amount of callus or a displacement of the trochanter; probably it is a large amount of new bone. The indications are to cut down upon the diseased bone, join the tract of these sinuses, and to remove the superabundant bone. I will operate before you at some future day, when the patient has made up his mind to have it done.

Varicocele Treated by Subcutaneous Ligation.

Here is a patient with varicocele. I shall perform an operation for ligation. I prefer, as a rule, to ligate, in cases of varicocele, with wire, but here shall use a silk ligature. Some of the veins are subcutaneous. I enter the scrotum, pass through behind the vessels [this manœuvre is illustrated with a handkerchief and the finger], and bring the ligature out. Re-entering at the point of exit, I let the needle

traverse the tissue superficially, and bring it out at the opening of entrance, thus surrounding the vessels subcutaneously. You see here a loop of the ligature on the side of the first exit; I pull it in and have the veins secured. Then I tighten it and put the threads through this disk of metal, and wrap each end of the thread around a separate little post on the disk, and then tighten the ligature from day to day, by tightening the threads on the posts alternately. Here is a very large varicocele on the left side of the scrotum. It is very unusual to find it on the right side. Patients do not suffer in proportion to the number of the veins, but in proportion to the size to which they are dilated. This is an exceedingly simple operation.

The veins must be separated from all the surrounding structures. The vas deferens feels like a hard cord, and it is easily felt. If you pinch it the patient will soon let you know that it is the vas deferens. Press it to one side, out of reach. I take up the skin, and pass the needle through the tissues; and now I have traversed the scrotum, and the ligature is behind the veins. There are two points, one of exit and one of entrance. The looseness of the skin allows me to approximate the openings, and I reënter the needle, the ligature being carried subcutaneously, and bring it out at the original entrance. I know, therefore, that I have the veins in the ligature. I do not tie the ends with a hard knot, as is often done, but I pull them tight, pass the ends through the hole in the disk, and fasten one to each post. On the day after to-morrow I shall tighten the ligature by drawing on one end of the threads; then, on the day after, I shall draw on the other end, and so on until the ligature eats its way out. The patient will be kept in the recumbent position, and treated on general principles.

Operation for Anchylosis of the Knee.

This patient has anchylosis of the right knee-joint. He says it has been stiff for eight or nine years. The joint became stiff at that time, and during all the intervening years it has been a source of inconvenience to him whenever he attempts to walk. Anchylosis, which causes this stiffness of the knee-joint, as I have told you before, may be fibrous or plastic union outside of the joint, or a bony union inside of the joint. Anchylosis is always caused by inflammation from disease or injury about a joint. He was hurt, in the first place, by a fall, nine years ago, in which he struck his knee. You see that his leg forms an angle with the thigh at the knee-joint, yet it is an inconvenience in walking. Most of the books teach that the knee-joint is better if anchylosed at a slight angle than if perfectly straight. This is not so; for this man's knee-joint forms an angle, and he complains that it is easily hurt. Oftentimes, in these cases, when an attempt is made to step up stairs, or to get out of or into a carriage, a fracture is caused; as a fracture is always more easily caused in a limb which is at an angle than in a perfectly straight limb.

Here I have elicited a little motion, and can appreciate it distinctly; but it hurts him. This is an important point in making the diagnosis between plastic anchylosis and a true synostosis. This motion may be deceptive; the femur may have moved at the hip. I called your attention recently to the differential diagnosis between fibrous and bony anchylosis. I told you that although making strong manipulation might not succeed in restoring motion at once, yet it will produce irritation and pain, which will be manifest to the patient on the next day, or after the lapse of some hours. I told you that if he had severe pain on the day following the manipulation, the anchylosis was fibrous. I propose, in this case of fibrous anchylosis, to straighten the leg after having previously flexed it. The great risk will be inflammation. We shall avert this by extension and the application of a bandage; a bandage well applied will support the parts and assist in combating the inflammation. We shall also apply pressure in the popliteal space, and cut off the supply of blood to the knee joint, by applying pressure along the femoral artery. I think we shall encounter no great amount of resistance, notwithstanding the length of time that has elapsed since the injury. We do not break up the adhesions in a case of anchylosis while the disease is active, but we wait until the inflammation has subsided.

At the knee, as at the elbow, we first flex, then extend. Extension and counter-extension are afterward to be kept up by means of weights, while we shall diminish the blood supply by pressure. Before operating for anchylosis, or, in fact, before any operation on the leg, the limb should be shaved and then the surface washed thoroughly. Adhesive plaster will not adhere well to an oily skin. A brush and warm water will effect the cleansing. Now, we may require leverage. We may use a fulcrum, or accomplish our object by bending the limb over the edge of the table. [A fulcrum is improvised by wrapping an operating case in towels.] Before attempting to bend the leg, I want the muscles relaxed. The tendon which most resists our efforts in these cases is that of the biceps, or the outer ham-string muscle, which is inserted into the top of the fibula. If it should become necessary to cut any tendon, it would be that of the biceps.

I shall bring another case before you when this man is removed, which shows a deformity resulting from a contraction of the tendon of the biceps, causing a bend and rotation at the knee. The biceps tendon rotates the tibia outward; hence, when the leg is bent at the same time, knock-knee is the result. In a case of knock-knee the tendon of the biceps is the one at fault. It can be easily divided, if necessary, for it is subcutaneous; we must only be careful not to wound the peroneal nerve, which runs on the inside of the biceps. We bring this patient to the edge of the table and first employ flexion; the anchylosis yields very well to flexion. I

have at times broken the tibia while attempting to break up an anchylosis; once in the case of a child, once in an adult. In the former case it was an epiphyseal fracture and resulted favorably; in the case of the adult, although it threw his knee forward a little, the joint I thus made answered very well. You see it is impossible to produce lateral motion of the patella while the leg is flexed, because then it is in the intercondyloid notch or groove. If I cannot move it with my fingers, I shall presently try other methods. I can probably do it by means of a heavy mallet with a roller intervening. The limb is held straight, and a block wrapped in towels is placed first on one side, then on the other, of the patella, which is loosened by striking smartly on the block with a hatchet. The hands of the assistant on the side opposite the blow serve to steady the limb.

There is now decided motion restored to the patella; we must next get the limb straight. Pressure being made upon the femur by the assistant, the leg is straightened in a line with the thigh. That is almost straight, and we have given him a knee with motion in it any way. We now want pads in the popliteal space and pressure along the course of the femoral. A bandage is applied from the foot up over the pads and femoral compresses. A long splint is put posteriorly, with oakum pads above the heel, to prevent bed-sores arising. The whole is applied to the limb by means of a roller. We will continue this simple dressing for a few days, and then keep up extension with weights, to the amount of fifteen or twenty pounds.

Deformity of Knee-joint.

This case is one showing structural alteration about the knee joint, differing, therefore, from the last case. Let us see how he can walk; he cannot walk without a cane or crutch. This is the knee which I spoke of a while ago. Most of the alteration about this joint is due to the element rotation which enters into the action of the joint. There is subluxation, which has been produced by rotation. The line of the thigh differs here from the line of the leg. The element rotation is produced by the biceps. Here is the line of the femur, and you see the tibia makes an angle with it.

The man comes to us and wants relief. I doubt whether we can do anything for him in a surgical way, but we may give him support by mechanical apparatus. In this manner we may also be able to overcome the eversion of the tibia and the inversion of the femur. Rotation is here, as I have said, a material element, resulting from an inflammation of the structures about the knee joint. The joint is not painful, yet I do not think we can accomplish a cure by any surgical way. But we will have an apparatus made with a pad to be placed inside the knee, and a couple of pads to be placed to the outer side of the thigh and leg, to make counter-pressure. He now walks with crutches, and cannot bear his weight on the leg, but with the apparatus applied he can probably walk without crutches or a cane.

Editorial Department.

Periscope.

The Mountain Regions of North Carolina for Consumptives.

Dr. S. E. Chaillé says, in the last number of the New Orleans *Medical and Surgical Journal*:—

The section of country to which I now invite attention is thus described in the Statistical Atlas of the Superintendent United States Census, 1870: "In the high regions comprised between the Blue Ridge and the great chain of the Iron, Smoky and Unaka Mountains, separating North Carolina from Tennessee, we have the culminating portion of the whole chain of the Appalachians. Here, for an extent of more than 150 miles, the mean elevation of the valley from which the mountains rise is more than 2000 feet, scores of summits reaching 6000 feet, while the loftiest peaks rise to a height of 6700 feet." Asheville, having an elevation of 2250 feet, is located in the central part of this region, wherein I have passed from three to five months annually, during the four years 1873-5-6-7. My direct evidence as a practicing physician is limited to the neighborhood of the Warm Springs, on the French Broad River, and some 900 feet lower than Asheville: though often consulted by the resident population, I have never seen but one case of consumption—this in a mulattress not a native of this section. My hearsay evidence is more extensive, yet I have never heard of but two other deaths by consumption in this neighborhood; these were of a young brother and sister, in whom the disease was said to be hereditary, and whose family had not been long resident in this region. I have made repeated mountain excursions in all directions, and from twenty to sixty miles distant from Asheville; everywhere I was assured of the comparative immunity from consumption of all this section, and in most places my informants denied that the native residents ever died of the disease.

Because of the long and well-established reputation of this region, and of the superior requisites for the accommodation of invalids at Asheville, Dr. Gleitsmann, a resident of Baltimore, in search of a suitable location for the treatment of consumption in the mountains of the eastern United States, was induced to establish here, June 1st, 1875, his mountain sanitarium. The foundation, at his own private expense, of the first mountain sanitarium in the United States, in imitation of the numerous similar institutions which have sprung up in Europe since 1854, and are now in successful operation, suffices to at least prove that Dr. Gleitsmann—who is a highly educated and competent physician, fully posted in the theory and practice of consumption, and thoroughly convinced of the superior advantages of mountain resorts in its treatment—possesses that admirable trait of character which the French term "the courage of his convictions." The results of this initiatory venture during the two years, June, 1875, to June, 1877, are set forth in his "Biennial Report," recently published; and, inasmuch as I had good opportunity, having passed two weeks in this sanitarium in the fall of 1875, and again two weeks in the fall of 1877, to estimate the probable credibility of this report, I deem it a duty, because of my credence therein, to call attention to some of the facts presented.

During the first year 51 guests were received, and their stay aggregated 3548 days; these numbers were increased during the second year to 82 guests and 5717 days; facts which prove that this institution is growing, not only in favor, but also more rapidly than occurred in the European mountain sanitaria. Of the total 133 guests, 54 were patients, and only 43 were consumptives. While there is no disposition on the part of Dr. G. to over-estimate the importance of results observed in so small a number as 43 cases, it will still be admitted that if these cases have been carefully studied and conscientiously recorded, as I believe they were, they ought to furnish valuable instruction. The average time passed by these 43 consumptives in the sanitarium was only about ninety days each, and the results were that 3 died, 9 grew worse, 8 did not improve, 7 were perceptibly improved, and 16 so decidedly as in some of them to justify the belief that they were cured. Thus out of 43 patients presenting all of the various types and stages of consumption, the disease was apparently or certainly arrested in 23! This result, sufficiently surprising without further explanation, becomes even more remarkable, when the cases are analyzed as to the stage of disease. For, out of the total 43 consumptives there were only 26 whom I, or other advocates of mountain resorts, would have certainly advised to go to the sanitarium, and of these, 20 were improved or cured. Even this result is not, so far as my own position is concerned, a sufficiently favorable statement of the facts, for I have, as yet, never gone further than to urge mountain resorts for incipient consumption. Now, it appears that 14 of the above 26 consumptives, while enjoying a fair condition of general health, with constitutions comparatively unimpaired, did have extensive infiltrations or even slight destructions of lung tissue, while only 12 of the 26 were unquestionably cases of incipient phthisis. These last twelve cases, having only "catarrh of the apex and infiltrations of the smallest extent," resulted in one case "improved," and eleven cases "very decidedly improved or cured;" that is, in *every case* of incipient phthisis the progress of the disease was apparently arrested, and would probably so remain under a continuance of the conditions which led to the arrest.

Rhinoplasty by the Taliacotian Method.

At a meeting of the Clinical Society of London, Mr. MacCormac read notes of a case of Taliacotian rhinoplasty, and exhibited the patient, a healthy girl, aged sixteen, who had lost the tip and both alæ of her nose, when an infant, from the injection of a nævus situated on the nose with the Pharmacopœia solution of pernitrate of iron, which had led to sloughing. Mr. MacCormac determined to attempt relief by means of the operation of Taliacotius. The apparatus for keeping the arm in position consisted of a pair of ordinary stout stays, with two perineal straps attached to prevent displacement upward; a helmet, partly made of leather, connected to the stays by a leather band running up the centre of the neck and back; an armpiece, strengthened by a steel band moulded in leather, and extending from the wrist to the shoulder, where it was buckled to the stays; and a gauntlet for fastening the wrist and hand to the helmet; while the elbow could be fixed in any required position by straps running from it to the stays and to the sides of the headpiece. There was nowhere any undue strain, and the apparatus was applied for days before the operation, to accustom the girl to its use and remedy any defects in it. It proved to be so comfortable that she could sleep in it. A gutta-percha model of the part required to make good the deficiency was made, and thus the extent of the latter could be projected on a flat surface. On February 12th, 1877, a flap was mapped out on the inner aspect of the left arm, two-thirds larger than the actual size of the estimated deficiency; it remained attached to the arm by a broad long pedicle, and consisted of all the tissues down to the muscular sheath. A triangular gap was next made on the right side of the nose, and into this the flap from the arm was fitted, where it became partly united by the first intention. Subsequent suppuration occurred round the flap, but it had all united within three weeks. Then the operation was completed by detaching the base of the flap from the arm, and preparing the left side of the nose to receive it, where it was adjusted by sutures. In a fortnight healing was completed. The dressings of the arm and nose consisted of cotton-wool soaked in olive oil. The leathern

apparatus answered its purpose completely, and without inconvenience. For the first two or three weeks after the operation, much contraction of the new nose occurred, but very little subsequently. The extensive wound in the arm had nearly healed on May 11th, 1877. The nostrils were kept dilated by india-rubber tubing. The improvement effected in the girl's appearance was most satisfactory.

Surgery among the Insane.

The London *Medical Record* has a translation of an article by Professor Tebaldi, on Surgery in Relation to Mental Disease. He shows that softening and atrophy of bone are common with the insane. These changes render the bones more brittle, and easily liable to fracture. They are especially noticed in the ribs, and deserve the attention of the surgeon, from the variety of causes and the slight amount of force required to produce a fracture. The putting on a strait waistcoat; a sudden movement of the arm, leg or body, made by the patient himself; a severe fit of vomiting or coughing, or violent muscular spasm, are all conditions which may give rise in such cases to fracture, and lead to suspicion of undue violence having been used.

Tebaldi observes that fractures of the ribs are not likely to be discovered in these insane patients during life. The absence of displacement, of crepitus, and of any expression of pain on the part of the patient, are circumstances which tend to throw the surgeon off his guard; and yet the fracture of one rib only may be a cause of death.

The knowledge that these changes do take place in the bones of the insane should teach the medical attendant caution in the application of personal restraint. The strait waistcoat (la camicolia di forza), when resorted to, should be applied without using undue violence, or fractures will result, which may not be discovered until after death, and only by a *post-mortem* examination.

It is well known that insane patients frequently refuse to take food, liquid or solid. In this case, surgical appliances are required for conveying food into the stomach. The practitioner is here cautioned respecting the use of feeding tubes, and the dangers that may arise from the violent resistance of the patient. Among them, Dr. Tebaldi specifies the passage of fluids or solids into the trachea, causing sudden death by asphyxia. He considers the better plan to be to pass the tube by the nostrils than by the mouth; and, in order to guard against the entry of the end of the elastic tube into the glottis, he advises that this should be slightly curved, and the convex portion oiled, and passed down in close contact with the posterior wall of the pharynx. The obstacle to the use of the tube by the nostrils is the narrowness of the parts through which it must be passed. The accidents which may attend this operation, even sometimes under skillful hands, are nasal hemorrhage, perforation of the pharynx, the injection of liquids into the trachea and bronchi, and vomiting during the operation. In one case, during the act of vomiting, the patient died from asphyxia (Merat).

The employment of the catheter to empty the urinary bladder is another surgical operation required for the insane. In cases of paralysis, the bladder is sometimes enormously distended, the patient, owing to morbid anæsthesia, giving no indication of pain or uneasiness. Under these circumstances, the surgeon must examine for himself. In all cases where the patient is suffering from general paralysis, the condition of the bladder requires close attention. Tebaldi found paralysis of this organ in many of his patients suffering from pellagra.

Local Artificial Anæmia as a Therapeutic Measure.

The London *Medical Record* quotes from an article by Dr. B. Cohn, a description of an attempt made in three cases to treat acute and chronic inflammations in the extremities, by temporarily rendering the limb bloodless by means of Esmarch's bandage.

Two of the cases reported were of an acute kind. One was an acute phlegmon of the toe, with inflammatory swelling of the foot, in which, after only fifteen minutes' application of the bandage, the inflammatory swelling and pain very notably diminished. The other case was a very painful diffuse inflammatory swelling of the fore-arm. After one application of the bandage, the duration of which is not mentioned, the pain, and, to some extent, the swelling, disappeared. Nor did they reappear when the compression was removed. Some tenderness continuing, the bandage was reapplied next day, with a completely successful result. On these two cases the author properly lays less stress than upon the following one. A child, three and a half years of age, had suffered for eighteen months from a white swelling in the knee. The disease had originated in a fall, and a well marked acute stage had been followed by a condition in which the chronic changes in the articulation, defined as tumor albus, were quite characteristic. The joint was swollen, painful, much flexed, and scarcely movable, either actively or passively. During twelve months, treatment had been pursued both in private and at the polyclinic; five gypsum bandages, which had been kept applied during twenty-six weeks, had, amongst other things, been tried. The parents finally had ceased to seek medical aid, and for some months the disease had been left to itself. At this time the child came under Dr. Cohn's care. The affected knee was an inch and a half larger in circumference than the other one, the bones felt thickened, the subcutaneous tissue was infiltrated, and the borders of the patella were difficult to make out. No effusion into the joint was discovered. Passive movements were very limited and painful, and the tenderness on pressure was considerable. The general condition of the child was otherwise satisfactory.

The treatment was commenced by applying the bandage only for a few minutes, but after four or five days it could be borne for an hour daily, and sometimes longer. Occasionally the application was made twice daily, when it was allowed to remain half to three quarters of an hour each time. After this had been practiced during a period of three weeks, it was found that the difference in size of the two joints was reduced from four centimetres, or an inch and a half, down to half a centimetre. The condyles had become restored to their normal form, the patella had become loose and movable, the pain and tenderness had completely disappeared, the amount of passive motion was increased, and there was no pain on movement.

Forcible extension was now practiced under chloroform, and was attended by a recurrence of the inflammation; but this was rapidly subdued by a continuance of the previous treatment. The final result was almost perfect cure; the little patient could walk and move the joint in all directions without pain; and the only trace of the previous disease which remained was a trifling amount of swelling and a somewhat impaired mobility of the joint.

On Infantile Paralysis.

At a late meeting of the Medical Society of London, Mr. William Adams read a paper on this subject. He especially referred to the clinical history of cases of infantile paralysis, distinguishing those characterized by rigid muscles, and frequently spoken of as spasmodic affections, from those distinguished by a flaccid condition of the muscles, and always recognized as examples of paralysis. He remarked that the cases of rigid muscles were occasionally met with at the period of birth, and were therefore spoken of as congenital; but they always occurred in connection with prolonged and difficult labor, and evidently resulted from acute congestion of brain and the upper part of the spinal cord, when some inflammatory changes occurred; and, in one *post-mortem* examination which he had made, thickening of the membranes and adhesions were found to exist at the base of the brain, and along the medulla oblongata. In these cases, both the legs and arms remain rigidly contracted, and such children are unable to walk or stand alone. In more severe cases, the mental faculties are also weakened; the children frequently squint, articulate with difficulty, and sometimes dribble, so that they have more or less an idiotic appearance. Similar cases, but generally in a less severe form, frequently occur between the ages of six and eighteen months, during the period of dentition, and are sometimes ushered in by convulsive affections. In some cases no apparent cause exists, and they are sometimes supposed to depend upon an accident. Cases of the second class included in the group of "infantile paralysis" are characterized essentially by a flaccid condition of the muscles paralyzed. This is the typical form of infantile paralysis, the essential or spinal paralysis of children, described by recent authors. These cases never occur at the period of birth, and usually not until the first, and sometimes during the second, dentition. They not infrequently result from some febrile affections during infancy, and sometimes as late as five or even seven years of age.

Cases in illustration of the suddenness of seizure and tendency to spontaneous recovery, were described. With regard to the seat and nature of the structural changes upon which this form of paralysis depends, the author relied upon and quoted the description given by Professor Charcot, in his recently published "Lectures on Diseases of the Nervous System." Under the head of lesions of motor nerve-cells, Charcot observes: "Infantile spinal paralysis is, up to the present, the most perfect type of the affections which compose this category;" and then he describes a condition of myelitis affecting the anterior cornua of the gray matter of the spinal cord, and this, existing to a greater or less extent, so as to admit of more or less recovery, satisfactorily explains the paralytic condition of the limbs affected. The author then described in detail the chief points of difference between the two classes of cases, and also the points in which they are generally found to agree. In both these classes of cases various contractions and deformities frequently occurred at late periods, *i. e.*, some years after the paralytic seizure; but much might be done to prevent their occurrence by the daily use of passive exercises and shampooing, and recovery of power was often contributed to by the use of galvanism. The mild continuous current was found to be especially useful in the class of flaccid muscles, whilst no good was ever done by galvanism in the class of rigid muscles. When deformity had taken place from permanent contraction of the muscles, tenotomy was generally necessary, but should be practiced with great caution, especial care being necessary, during the after-treatment, to secure good union of the divided tendon. In consequence of the feeble nutrition, more especially in the class of flaccid muscles, the reparative power is often very defective; and either non-union, or very feeble union, might leave the patient in a worse condition than before the operation. By the aid of tenotomy, however, and appropriate mechanical supports, these patients were often enabled to stand and walk, when they could not have done so without surgical and mechanical aid.

Tubercular Ulcer of the Tongue.

M. Nedopil, in the *Archiv für Klinische Chirurgie*, Band xx, remarks that the diagnosis of secondary tubercular ulcer of the tongue is generally not difficult, in the presence of other indications of tuberculosis. On the other hand, primary tubercular ulcer can often be scarcely distinguished from cancer unless a microscopic examination be made; while the failure of

anti syphilitic remedies denotes that the affection is not a syphilitic ulcer, which often has a similar appearance. The tubercular ulcer of the tongue runs a course resembling that of cancer. A small hard nodule on the edge or upper surface of the tongue, which is often overlooked, at last falls off, and leaves a dirty ulcer, with an indurated base, which generally spreads more slowly than a cancerous ulcer. A cure can be produced only by early extirpation, which, perhaps, may arrest the development of general tuberculosis. The author has observed four cases in Billroth's clinic; two of the individuals were thirty-two years of age, the others sixty-eight and seventy. In three cases the ulcer was extirpated, and healing took place in a few days. In the excised pieces, the tissue around the ulcer was studded with miliary tubercles, mostly toward the free surface. The morbid process appears to commence with a general transformation of the muscular tissue into a homogeneous, slightly granular plasma, containing proliferating muscle-nuclei. Later, the primary deposits become confluent, and giant cells are formed from the obstructed portions of the blood-vessels; in some of these Nedopil found cavities filled with brown pigment. The growth of the tubercle appears to take place partly through proliferation of nuclei (without cell-formation) in the interior, partly through metamorphosis of the neighboring tissue.

On Corns.

In a lecture at the St. Louis Hospital, Paris, on hypertrophy of the epidermis, M. Guibout observed that, while in callosities, the hypertrophy takes place at the surface, in corns the hypertrophied part becomes pyramidal, and takes the form of a nail, with its point directed toward the deeper-seated parts. This sharp point, lodged in a kind of cupola, which exactly boxes it in, has a tendency to penetrate into the substance of the dermis whenever the base of the corn is compressed. The portion of the dermis which is in permanent contact with the epidermic induration becomes inflamed and altered in character, its papillæ disappearing, so that at last it becomes a true matrix, destined to form deep, new, horny epidermic layers, in proportion as the more superficial layers are eliminated. Changes of the weather often give rise to great pain in corns, which has been supposed to be due to their hygrometric nature, which, by causing their enlargement, adds to the suffering. But, in fact, the exacerbations are less severe during the time that it rains than they are for some days preceding; and they are also met with when the weather is about to change from wet to dry. These painful exacerbations of the pain of corns are quite as remarkable and as inexplicable as are those of rheumatic pains. The sole efficacious treatment is excision, but care must be taken that this is complete. The summit of the cone must be cut down to, so as to entirely empty the dermic cupola. And then it is quite necessary to destroy by cauterization the inner surface of this cupola, *i. e.*, the matrix of the corn, which will otherwise be reproduced. The best caustic is sulphuric acid, of which we may deposit a drop, by a match or glass rod, on the excised part. If the corn recurs, the same processes of excision and cauterization must again be resorted to.

Occlusion of the Glottis.

The following case was reported by Dr. Tauber, of Cincinnati, O., before the Academy of Medicine. A man, aged 28, single, consulted me last week, stating that for two or three years he suffered a great deal from dyspnœa, hoarseness when he spoke above a whisper, and painful deglutition. His family history is good, the glands in the neck normal, no syphilis or phthisis. The laryngoscopic examination showed a singular and rare picture, and I think this case stands alone in the history of laryngoscopy. Telling the patient to phonate, I found a normal epiglottis, but no glottis, and instead a pinkish looking, smooth and flat band, measuring eight lines long, six lines wide, and three-fourths of a line thick, extending from the left to the right sinus pyriformis; thus the glottis was shut up by this band, which covered the arytenoid cartilage, the cartilage of Santorini and Wrisbergiani, false and true vocal chords of the other side. The attachment of this band on the right side was not as broad as on the left side, and ended in the shape of a funnel. On phonation I also observed a vibration of this band coming from the right side, where it was open to the extent of three or four lines; through this opening respiration went on. With the laryngeal knife I detached this band on both sides, removed the residue with evulsion forceps, and applied arg. nitr. in substance. The hemorrhage was slight. This procedure revealed a normal glottis. His voice is now, after seven days, normal and distinct. On a microscopic examination, found it to be a fibroma.

We remember, also, the Dr. reported, in 1875, the remarkable case, "The Removal of a Bullet from the Larynx," the man being shot in the neck twelve years ago, and the bullet remaining lodged in the sinus pyriformis for such a long time. The Dr. will write a thesis on both cases shortly.

Remarkable Fertility.

A medical friend in Vermont reports the following examples:—

About twelve years ago I was called to see a lady confined. She was delivered of twins. At the time, October 5th, she told me that two years previous to that time, on October 29, she was delivered of twins, and one year afterward, less five days, on October 24, she was delivered of triplets, and on October 5, following, of twins, at which I was present. Of the seven, only one lived over an hour. I attended a Mrs. R. at two confinements, each time of twins, eleven months apart, making four children in one year.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received from the publishers a pamphlet of sixty-eight pages, entitled: "Transmission; or, Variation of Character through the Mother." By Georgiana B. Kirby. 12mo, paper. Price 25 cents. New York, S. R. Wells & Co. It must be confessed that the authoress calls a spade a spade, in a way that few of the masculine gender have the hardihood to do. She enters into the theory of heredity with a vigor of practical application that speaks well for her faith, if not for her science. As a contribution to the great question of the sexual relation, it is of interest.

——The second number of Dr. Delafield's "Studies in Pathological Anatomy" is upon the minute anatomy of the pleura. It bears out well the promise of the first number. William Wood & Co.

——Dr. M. Landesberg, of this city, sends us a report of 110 cases of the extraction of cataract by Von Graefe's peripheric linear method. He shows a perfect success in eighty-eight cases.

——The thorough article by Dr. S. E. Chaillé, of New Orleans, published in the New Orleans *Medical and Surgical Journal*, on the American Mountain Sanitarium at Asheville, N. C., has been reprinted in pamphlet form, and may be had of the author. We give an extract from it elsewhere.

——A physician of Savannah has translated and published an excellent practical monograph, entitled "The Yellow Fever at Havana; Its Nature and Treatment," by Charles Belot, M.D. In view of the intense malignancy of this disease, and its threatening aspect at Rio and Havana this spring, this publication is most timely (pp. 53. Morning News Printing House, Savannah, Ga.). Dr. Belot succeeded his father as director of the Yellow Fever Hospital at Havana, where more than a thousand cases of the disease are treated annually.

——In a reprint from the Cincinnati *Lancet and Observer*, on "Phthisis," Dr. Charles G. Polk, of Philadelphia, gives his views of the treatment and pathology of this disease. He claims unusual success with his methods.

——"What am I," is the title of the valedictory address to the students of the Medical Department of the University of Louisville, by Dr. J. M. Bodine. Needless to say, the question remains unanswered, and we have seen various guesses which we think nearer the truth than the reply this speaker proposes.

BOOK NOTICES.

Essays on the Treatment of Skin Disease. By Balmanno Squire, M B., London. J. & A. Churchill, London, 1878.

This publication comprises a series of essays, published separately in pamphlet form. Nos. II and IV are before us. The former is on the treatment of chronic eczema by a glycerole of the subacetate of lead; the latter on the treatment of psoriasis by an ointment of chrysophanic acid (prices, one shilling, and two and sixpence, respectively). The name of the author is a sufficient guarantee of the value of these essays, and the ample appendix of cases which he adds to each essay vouch for the thoroughly practical character of his work. The remaining essays are on lupus, and on port wine mark and its obliteration without a scar.

The Source of Muscular Power; Arguments and Conclusions drawn from Observations upon the Human Subject, under Conditions of Rest and of Muscular Exercise. By Austin Flint, Jr., M. D., etc. New York, D. Appleton & Co. pp. 103. Cloth. For sale by J. B. Lippincott & Co.

Dr. Flint gives us here a very careful study of one of the most interesting questions in physiology. This question is, whether the muscular system accomplishes its actions like a machine, by the consumption of food; or whether it works at the expense of its own substance, and the part played by food is to supply the waste of that substance. The theory first mentioned has been taught by Pavy and most other recent physiologists; but in this able essay it is attacked and apparently demolished by Professor Flint, whose experiments show that the direct source of muscular power is to be looked for in the muscular system itself, and that exercise involves the destruction of muscular substance to an extent measured by the secretion of nitrogen.

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D. G. BRINTON, M. D.,
115 South Seventh Street,
PHILADELPHIA, PA.

PREMIUM LIST
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the REPORTER, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

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PARKS AND GARDEN SCHOOLS.

Of the problems which now are pressing on the attention of the sanitarian, the growth of large cities is one of the most serious. The tendencies of modern life set strongly toward grouping population in masses, to building cities of enormous size, and necessarily, to confining many in narrow areas. Facilities for rapid transit counteract, in some degree, this general tendency, but not sufficiently to overcome its deleterious effect on health.

That this effect is real and disastrous, is only too palpably shown by abundant statistics. For an illustration, we may make a comparison, according to the census of 1875, of the area and deaths of the Fourteenth and Fifteenth Wards, New York city. The former Ward, with an area of 96 acres, and a population of 26,453, had 661 deaths, excluding those who died in institutions, during the year, and the Fifteenth Ward, with an area of 198 acres, and a population of 25,529, had 436; or with little less than half the area, and but 924 more inhabitants, the Fourteenth Ward had 225 more deaths.

Of the suggestions which have been proffered to improve the health as well as to add to the beauties of cities, few have met with more general favor than the establishment of parks. This subject has recently received an impulse, through the labors of Dr. EDWARD SEGUIN, of New York, who has developed, with much fullness of thought and force of style, the hygienic and scientific uses of public grounds. He especially points out their value for the acclimatization of foreign trees and plants beneficial to public hygiene, and for the better instruction of youth in natural history. The trees to be selected should preferably be those of febrifugal properties: the eucalyptus, where it will flourish; or, in more northern latitudes, the Balsam of Gilead, the American poplar, willows, cedars, pines, terebinths, various juglans, etc.

Parks should contribute to public education by being transformed into garden schools,

where botany, sylviculture, floral decoration, animal life, open air gymnastics, etc., could, with pleasure to the pupil, be practically instilled into his mind. Geology, mineralogy, zoology, many branches of agriculture, such as the care and raising of bees, birds, poultry, silkworms, etc., and a hundred other useful arts and applied sciences, could be favorably taught in such garden schools.

Such are the topics urged with much vigor by Dr. Seguin, and it is to be hoped that his words will not fall unnoticed on the ears of the public. The moral and social health of the people of the great city for which he especially writes is at stake in the matter, and with it the fate of many other parks in other cities. Already, in our own, the central and largest open space planned by its founder has been filled up with an immense and gloomy mass of masonry, and efforts are constantly making to sacrifice others in the same way. The good taste and the good sense of the people have been appealed to in vain, and it rests with the energy of the few, those largely of our own profession, to prevent further spoliation and save what remains.

Notes and Comments.

Ladies in the British Medical Association.

Two female physicians have been admitted into the British Medical Association, much to the indignation of a great many of its members. Several of these gentlemen have intimated their intention to resign unless their daring intruders are expelled. But these doctors whose feelings have been so sadly outraged do not receive the sympathy they probably looked for from the British public. The London *Times* says, on the subject:—

It has never been the habit of our country to enforce opinions of this kind. Free scope is left to new schemes which concern the individual only. They may live or die according to their vitality. When we come to the supposed injury to the public in supplying incompetent doctors, we touch ground really substantial, an argument within the immediate province of public men, and were the objection made out it would be conclusive. As a matter of fact, however, the few ladies who for some years past have practiced medicine are certainly equal to the average medical practitioner, nor have any counterbalancing disadvantages been yet discovered. The resistance of the medical profession to the admission of women to degrees in this country too closely suggests the trades-union rule restricting the number of apprentices in a particular business, to gain much popular sympathy.

Marriage as Preventing Insanity.

A German alienist, Dr. Dick, in a recent number of the *Irrenfreund*, discusses the question whether the marriage of women preserves them against relapses of insanity. Taking the women under thirty years of age who left Klingenmünster during a period of sixteen years, twenty-three have been married, and nine have required to return to the asylum. He also ascertained from the Burgermeister, as far as is known, the fate of all the young women discharged, and found out that the greater number of relapses took place in single women. As the result of his inquiries whether marriage is a preservative for women against relapses into insanity in youth, Nasse supports the same opinion. One can marry with a good heart; it is twenty-two against one that there will be no relapse, but if the girl does not marry, there is a danger of relapse of twenty-two in fifty-one. One need not be astonished that three-fifths of the young women who leave Dr. Nasse's asylum succeed in getting husbands; the natural ardor women show in this pursuit will be largely increased by their appreciation of it as a prophylactic measure.

The Vibrios of Septicæmia.

At the meeting of the Academy of Medicine, January 21, 1878, Pasteur communicated a note on the question of septicæmia, for the consideration of surgeons. The vibrios of septicæmia are essentially anæroliotic, the contact of atmospheric oxygen kills them; when, on the other hand, they remain *in vacuo* or in a medium of carbonic acid, they are transformed into germs which the air does not kill. But these germs do not develop in the air, or in oxygen; for their further evolution, carbonic acid is necessary.

Lectures to Practitioners.

A physician in Illinois writes us in reference to the suggestion we made in the REPORTER, March 16, p. 216:—

"Permit me to say *Amen* to your suggestion for 'Lectures to Practitioners' in the last number of the REPORTER. I believe there are thousands of physicians who would gladly avail themselves of such opportunities as you intimate were they given by any or many of the leading medical colleges in this country."

Successful Gastrostomy.

Verneuil's case of gastrostomy has been the only successful one on record, until quite recently, when Dr. F. Trendelenburg, of Vienna, reports another. A boy, aged seven years, the subject of impassable stricture of the œsophagus, from swallowing caustic potash, had fallen into extreme marasmus. Gastrostomy was performed without bad effects, and two days afterward nourishment could be introduced into the stomach through the small resulting gastric fistula. A small drainage-tube, of the thickness of the little finger, was introduced into the fistula, into which was passed a thicker glass tube, having attached to it an elastic gum catheter reaching to the mouth. When the boy wants to eat, he chews his food and expels the masticated mass through the tube into the stomach. Four months after the operation the boy's weight had increased by one-fourth.

CORRESPONDENCE.

Dialysed Iron Administered Hypodermically.

ED. MED. AND SURG. REPORTER:—

A lady, aged twenty-six, married about six years, began to decline in health shortly after her second confinement, which occurred about two years ago. She had lost all appetite, and suffered with dyspepsia to such a degree that the blandest and least irritating foods were rejected by the stomach almost immediately after eating. She became profoundly anæmic and very much prostrated in physical strength. Her baby, which died from acute hydrocephalus when a few months old, had frequent convulsive attacks during its sickness, and shortly after its death the mother was seized with convulsions (hysterical) very violent in character, and so frequent as to require the constant presence of attendants and to produce the greatest alarm in her friends.

About six months after confinement her menses appeared, frequently recurring at the end of every two weeks, the quantity and character being very scant and pale. Specular examination revealed ulceration of the uterine os, which soon healed under the local use of nitrate of silver and syringing of the part.

Her general condition, however, did not improve much, the stomach continuing to be irritable and rejecting foods and medicines alike, when exhibited, after trying in succession milk and lime water, bismuth, creasote, opiates, granules of nitrate of silver, etc., internally, with all sorts of counter stimulants externally. All therapeutic measures for the improvement of existing anæmia were useless, on account of the stomach's failure to digest and assimilate any of the ferruginous preparations introduced into it. For nearly eighteen months the patient subsisted upon stimulants, and such small quantities of food as her stomach would retain, with injections into the rectum of milk and beef tea, as often as the patient could be prevailed upon to submit to that operation. During a portion of this time she had convulsions every day, some seizures lasting four and five hours, and terminating in perfect rigidity of the muscles of the back and extremities, and but for the faint pulse and slight respiration, in apparent suspension of life.

In the early part of October, 1877, I procured some dialysed iron, from Wyeth & Bro., Philadelphia, with the purpose of giving it hypodermically, as the patient's stomach was then too irritable to bear large or frequently-repeated doses of the medicine, and commenced by giving eight minims, combined with an equal quantity of water, two, three, and four times a week, as my time and the patient's inclination permitted, the injections being usually given in the fleshy part of the arm. The iron, in most cases, produced very little irritation beneath the skin, and in no case did inflammation or abscess supervene. The doses of the medicine were latterly increased to sixteen minims, with water in the same proportion, and given with the former frequency, or rather infrequency, and at the end of four months I see a marked change in the appearance of my patient; her stomach is less irritable, and she can at present eat an ordinary meal of mild, nutritious food, very seldom vomiting; her menses have returned more regularly and more natural in appearance; she has had no return of the convulsions for nearly two months, though she says that she has felt them slightly on several occasions. Sewing and light housework she can now do without much fatigue, and is free, to a great extent, from those severe pelvic pains which formerly caused so much annoyance and suffering. I feel very much gratified with the results obtained by the use of this preparation of iron, and should not hesitate to administer it in the same manner in other cases, should the opportunity offer.

Another means of which I have availed myself to introduce this iron into the system, is to saturate a small pledget of cotton with about thirty minims of it, and introduce it into the

vagina, where the mucous membrane offers a large surface for its absorption. I think I have seen a few patients benefited by this procedure.

M. DIEHL, M.D.

Jeddo, Pa., March 11th, 1878.

Treatment of Hour-glass Contraction.

ED. MED. AND SURG. REPORTER:—

In your journal of March 2d, 1878, I notice the report of a case of hour-glass contraction before delivery, by Dr. J. N. Page; and as the doctor solicits criticism on its management, I will, in all courtesy, state what I should have done had I been called to the case in question. In the first place, I would have given chloroform, or ether. It is true, Dr. Page says he had no one to assist him in its administration, and therefore could not use it. But I am sure that I could administer an anæsthetic more easily than I could apply the forceps, which the doctor did.

I never met with a case of hour-glass contraction before delivery, but with many, after delivery; and I never knew chloroform to fail to cause a relaxation of the contraction—it has always succeeded promptly, in my hands, when the patient was brought fully under its influence.

Again, the doctor says: "Fearing hour-glass contraction on the cord, I introduced my fingers far enough to pierce the placenta, and brought a part of it through the os uteri, and then waited for the contractions of the uterus to expel it." Why did he leave it in the os uteri? Why not deliver it at once? In my younger days, when I had to rely upon my text books for a guide, I used to sit by the bedside of my patient, sometimes for hours, waiting for the expulsion of the secundines by the unaided efforts of the uterus. Well do I remember the anxiety and fear I felt for my patient at such times, lest an exhausting, or, perhaps, fatal, hemorrhage should occur. Such practice is simply a waste of precious time, and also subjects your patient to unnecessary danger. For the past ten years I have invariably removed the secundines as soon as the cord was severed and the infant disposed of. Sometimes I meet with the placenta in the vagina; sometimes in the os uteri; then again at the fundus, and perhaps adherent; but it matters not where found, I take it away, and have never had cause to regret it. Be gentle, cautious, and take plenty of time, and I assure you no harm will result from your manipulations. Therefore I would not have left the placenta where the doctor did, where tonic contraction, with rigidity of the os, might have rendered its removal quite difficult.

As to the use of the forceps in this case, I would have anticipated failure. I would suppose uterine contractions very feeble, indeed, if the fœtus could be safely extracted by such means.

D. C. MCCAMPBELL, M.D.

Mt. Pleasant, Miss.

Carbolic Acid in Piles.

ED. MED. AND SURG. REPORTER:—

In all cases of hemorrhoids or piles, either internal or external, recent or long-standing cases, I use the pure carbolic acid and olive oil, equal parts. With a good speculum I proceed to operate upon the uppermost pile first, injecting with a good hypodermic syringe of carbolic acid and olive oil, equal parts, say 4 to 6 drops, and in the course of twelve hours I proceed with the next pile, and so on, until I have injected them all. I believe the oil and acid is better than the acid alone, as I have operated a number of times, and had better results with the oil and acid mixed. The operation in my hands is perfectly painless, if the parts have been previously bathed in warm water, say 100° Fahr. Always have the bowels opened freely the day before. I am so well pleased with the operation that I believe it will wholly supersede all other operations for hemorrhoids, either internal or external.

P. S.—I would like to hear from the profession, through your journal, the results of their operations for piles with the above remedies.

Hendersonville, Tenn. H. I. WELLS, M.D.

Post-Nasal Catarrh.

ED. MED. AND SURG. REPORTER:—

The following treatment of post-nasal catarrh may not be new to many of your readers, but I have never seen it in print:—

℞. Cubebs pulv., ℥j
Chamomile flowers, ℥ss.

Mix thoroughly. To be put into a common tobacco pipe and smoked, puffing the smoke through the nostrils. It should be discontinued if a fresh attack of nasal catarrh set in, and resumed as soon as the inflammatory symptoms commence to subside.

J. W. BARD, M.D.

Poland, Ohio.

Treatment of Pneumonia.

ED. MED. AND SURG. REPORTER:—

At this season of the year, when pneumonitis frequently occurs, and is in some places prevalent, I wish to call the attention of those members of the profession who are not in the habit of using it, to a remedy which has frequently been recommended in medical journals, though but casually spoken of in many text books; I allude to the drug, carbonate of ammonia.

Many persons, on reading an article like this, conclude it "some fellow's brain fancy," or one's "vaunted panacea;" such, I think, is not the case here; infallibility in drugs, as well as most other things, I have long since abandoned hope of finding (excuse digression), but have found, in treating pneumonia, the drug in question a valuable internal stimulant and detergent remedy. Some may desire to know more fully how and when it is to be used; I

answer by giving, briefly as possible, my general mode of treating pneumonia as it usually occurs: commencing at the crepitating stage, I apply emp. epis., over crackling surface, followed, after vesicating, with warm meal poultices; see that the bowels are sufficiently open, often using for that purpose calomel, in ten-grain doses, with or without an anodyne, to be followed in eight or ten hours with castor oil or magnesia; then the following or similar combination, which generally renders the expectoration more copious and mucous in character, lowers the pulse and produces gentle diaphoresis:—

℞. Ammoniæ carbonatis, ʒiij
Aquæ, f.ʒij
Solve et add.,
Tinct. opii camp.,
Spt. ætheris nit., āā f.ʒj
Liq. ammo. acetatis, f.ʒiv. M.

Sig.—Dessertspoonful every three hours, in half wineglass or more of water.

Possibly a two-grain quinine pill midway between each or every second dose of solution, with pulv. ipecac. et. opium at night, if required, in sufficient dose to quiet cough and produce or promote sleep. This treatment, in adult cases, varied according to circumstances, I generally find sufficient; but should the disease advance, the pulse become extremely feeble and rapid, the countenance pallid, with cold sweat upon the skin; in short, a supervention of that stage closely bordering on disintegration of tissue, then my chief reliance is upon this preparation of ammonia, conjoined with brandy or wine whey, pushing it (if the stomach will tolerate) to scruple or half-drachm doses, well diluted every hour or two; and I think I have, by its persevering use, seen the wrestling Jacob changed to prevailing Israel.

John S. Aydelott, M.D.

Snow Hill, March 18th, 1878.

News and Miscellany.

The Temptations of Physicians.

In the admirable valedictory address of Dr. William Goodell, before the graduating class of the medical department of the University of Pennsylvania, occurs the following passage, which cannot be too deeply pondered by every one of our profession:—

"Do not, oh friends, oh brothers, do not, I beseech you, be cajoled, either by the ties of friendship, by the tickle of flattery, or by the glitter of gold, into doing anything that involves the loss of self respect and of professional dignity—into doing anything that is not right. Have "a keen and precious hatred" of everything bad, for strong, very strong temptations will be thrown in your way, hard, very hard, to resist. The honor of a family is at stake, and you will be besought to save it. A man of doubtful sanity lies a dying, and you will be asked to yield to a friendly bias in giving evidence in favor of his mental vigor and testamentary capacity. A crime has been committed, and the tears and appeals of the criminal's kin will be brought to bear on you, to give such evidence as shall tend to make him irresponsible. A patient with some organic disease, or of intemperate habits, will wish to effect an insurance on his life, and you, fearful of giving umbrage, will be sorely tempted to testify to his soundness or sobriety. You will be called upon to explain the absence of some pleasure-seeking official, by giving a certificate of illness. When summoned to courts of law as medical experts or as medical witnesses, you will find it hard to resist an unbecoming bias toward your client. Before the paint on your signs is fairly dry you will be approached by those who spurn the tender name of mother. Yours is a holy calling. Turn, therefore, a deaf ear to all such appeals, and swerve not a hair's breadth from strict uprightness. He who barters honor and honesty for gold gains nothing but the contempt of those who use him as their tool. Remember, besides, that you will one day answer for it, unless you keep your hands and your hearts clean, before God and man."

Results of the Temperance Hospital.

The London Temperance Hospital, established four years ago, for the express purpose of treating patients without the use of alcohol, does not seem to have met the expectations of all its friends. The mortality and the continuation of diseases in this hospital differ but little from other well-conducted institutions; but indications that alcohol is not necessary as a medicine are quite conclusive.

Personal.

—Last week the death was announced of Dr. J. Ellwood Painter, medical storekeeper at Nagasaki, Japan. He was about thirty-five years of age. He received his education at Perth Amboy, New Jersey, and graduated, in 1862, at the University of Pennsylvania. He secured a position of surgeon in the army, and was first stationed at York, Pa. He was afterward Chief of the United States Hospital at Harrisburg, where he remained until the war closed, when he entered the navy, and was shortly afterward attached to the Asiastic squadron, and was in charge of the medical depot at Yokohama. Two years ago he was placed in charge of the medical depots at Nagasaki. His death is believed to have been from cholera.

—A well-known philanthropist, Dr. Edward Bleecker, died in New York last month. He was seventy-four years of age, and had not practiced his profession for twenty years. After he gave up his practice he devoted his time to the preaching of the Gospel to the poor and the fallen at Blackwell's Island, Sing Sing Prison, New York Magdalen Asylum, Colored Home, Half Orphan Asylum, and the Peabody Home, and was known in almost

every charitable institution in this country. His father, Leonard Bleecker, was an officer under General Washington, and Bleecker street, in New York City, was named after his grandfather.

—Professor Peter, who has recently been elected to the Academie de Medecine, of Paris, was, a few years ago, a proof reader. Velpeau, who was apprenticed to a farrier, hardly knew how to read and write when he came to Paris. Demarquay worked as a peasant, from eleven years of age, and when he came to Paris, at fifteen, could scarcely read or write. M. Péau, one of the most employed and fortunate of surgeons, takes a pleasure in relating that he tilled the farm of his father until he began to study medicine. Hunter was a journeyman cabinet maker. Of such stuff come the heroes.

—Dr. Joseph Heritage died March 28th, aged about fifty-five years. He was a practicing physician, and had his office in Catharine street, above Fourth, for many years, having a large and valuable practice. About twelve years ago he was one of the vaccine physicians under appointment of the Board of Health. He was a member of the Masonic Order, and of the Order of American Mechanics, and was active in those organizations.

Items.

—The pamphlet containing lectures by Drs. Pepper, Wood, etc., noticed in REPORTER, p. 174, has been reduced in price to 25 cents.

—Dr. Wild, who certainly seems to justify his name in the theory he has recently advanced, is endeavoring to convince the English people that Queen Victoria is a royal descendant of King David.

—Dr. Burnett will read a paper, entitled "The Growth of Aspergillus in the Human Ear," before the Pathological Society of Philadelphia, at 8 P. M., on Thursday, April 11th, at the hall of the College of Physicians, Thirteenth and Locust streets.

—There are 9000 patients in the military hospitals of Erzeroum. In the English hospital, containing 300, one-half were cases of typhus. Of 36 doctors, only 6 were able to work. From 200 to 300 are daily removed from the hospitals to the cemeteries. The graves are so shallow that summer will bring pestilence.

Pure Wines.

We would call attention to the wines and spirits of Messrs. W. & A. Gilbey, mentioned in our advertising columns. These are bottled in England, in bond, and exported to this country with the Messrs. Gilbey's seals and brands on the corks, thus supplying convincing guarantees of the purity of the contents. No firm in England ranks higher than the Gilbeys, and for medical purposes we should prefer their exportations to any others we know. The prices are remarkably reasonable for the quality furnished.

Old Time Fees.

A writer in the Boston *Advertiser* gives some curious extracts from the day book of a physician in New Hampshire, 50 years ago. He says:—

We turn to the date of 1826, and run over a month or two of his charges, to get the average rates of his tariff in those days. We run across many tooth-pulling items. The charge is always the same, 17 cents. Visits to patients, where no charge was made for drugs, are entered at 33 cents. But the country doctor was then also a traveling apothecary. In a dingy, small black trunk, he carried the tooth-puller, a lancet or two, and a small stock of the druggiest kind of drugs—tough old favorites of the heroic practitioners of the old school—a small list of which were made to do service in all sorts of diseases, and which were administered in heavy doses, as the old book of charges shows. But though the medicines were heavy the charges were light. Fifty cents often covers a visit and the cost of several medicines furnished.

The heaviest charges upon the doctor's books are for certain visits requiring often all-night detentions. One of these, which may be taken to illustrate old-fashioned medical rates, stands thus: "John Rollins, to an all-night visit to his wife, $2.50." There is no larger single charge in the book than this. John lived seven miles away, in a neighboring town, and this charge covered the long ride in that old gig, perhaps in some dark and stormy night, over rough roads, and a whole night away from home.

These ancient fees are in strong contrast to, for instance, $250, for two laryngoscopic examinations—a charge actually made in this city by a regular physician, within a year, so we have been informed, on credible authority.

QUERIES AND REPLIES.

Hemorrhoids.

Dr. J. W. B., of Ohio, asks the particulars for the so-called radical treatment of piles by carbolic acid. A correspondent in this number explains his method. He will also find it described in the REPORTER, vol. xxxv, p. 405, and in Napheys' *Surgical Therapeutics*, p. 301.

Dysmennorrhœa.

If "Long Island" will use the following—

R. Hyd. c. corrosivi,	gr. j
Ferri et pot. tart.,	scruple j
Tr. stillingeæ,	ounces iij. M.

SIG.—Teaspoonful every six hours, in water.

and can get his dysmenorrhœa patient to adopt the usual hygienic rules, he will cure her.

Jefferson, Texas. A. P. BROWN, M. D.

Dr. F. R., of New Jersey, asks for information regarding Gentiana Quinqueflora and Grindelia Squarrosa; whether they are as efficient antiperiodics as quinine or not. Also, for suggestions in a case of chronic periodical uterine and ovarian neuralgia, of two years' standing, complicated by chronic endometritis. Age of patient 14 years.